Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08) Approved for use through 11/30/2011. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT **AND CHANGE OF** ORRESPONDENCE ADDRESS

equited to respond to a conection of	information unless it displays a valid Of	vib control numbe
Application Number	10/849,888	
Filing Date	May 21, 2004	
First Named Inventor	Tamara Timms	
Art Unit		
Examiner Name		
Attorney Docket Number	24558.01	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Patent No. Issue Date	6,932,374 August 23, 2005					
Please withdraw me as attorney or agent for the abo	ve identified patent application,	and					
✓ all the practitioners of record;							
the practitioners (with registration numbers)	of record listed on the attached	paper(s); or					
the practitioners of record associated with C	ustomer Number:						
<b>NOTE:</b> The immediately preceding box should only Customer Number.	be marked when the practitions	ers were appointed using the listed					
The reason(s) for this request are those described	I in 37 CFR :						
10.40(b)(1) 10.40(b)(2)	10.40(b)(3)	10.40(b)(4)					
10.40(c)(1)(i) 10.40(c)(1)(ii)	) 10.40(c)(1)(ii	ii) 10.40(c)(1)(iv)					
10.40(c)(1)(v) 10.40(c)(1)(vi	i) 10.40(c)(2)	10.40(c)(3)					
10.40(c)(4) 10.40(c)(5)	10.40(c)(6) F	Please explain below:					
	First named inventor and/or her coinventor recently paid the Patent Office directly the first maintenance fee due as to their above patent, thus indicating that they no longer feel the need for the services of this attorney.						
Certifications							
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.							
I/We have given reasonable notice to practitioner(s) intend to withdraw from employments.	the client, prior to the expirat	tion of the response period, that the					
2. / I/We have delivered to the client or a (including funds) to which the client is entitled.	duly authorized representati	ve of the client all papers and property					
3. / I/We have notified the client of any reclient must respond.	sponses that may be due an	nd the time frame within which the					
Please provide an explanation, if necessary:							

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Change the	corresponde	nce add	ress and direct a	Il future corres	spondence t	o:		
	A. The address of the inventor or assignee associated with Customer Number:							
OR		_						
	entor or signee name	Mr. &	Mrs. Don Timm	ıs				
Address	24 South St	reet						
City Mobi	City Mobile State AL Zip 36606 Country U.S.					U.S.		
Telephone	Telephone 251-476-4599 Email					_		
I am autho	I am authorized to sign on behalf of myself and all withdrawing practitioners.							
Signature Ashard Clust								
Name	Richard C.	Litman				Registration	No. 30,868	
Address	Address Litman Law Offices, 3717 Columbia Pike							
City Arlin	City Arlington State VA Zip 22204 Country U.S.							
Date May 8, 2009 Telephone No. 703-486-1000								
NOTE: Withdrawal is effective when approved rather than when received.								

[Page 2 of 2]
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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Filing Date	May 21, 2004			
First Named Inventor	Tamara Timms			
Art Unit				
Examiner Name				
Attorney Docket Number	24558.01			

To: Commissioner for Patents	Patent No.	6,932,374	1			
P.O. Box 1450 Alexandria, VA 22313-1450	Issue Date	August 23, 2005	4			
Please withdraw me as attorney or agent for the	above identified patent applicate	ion, and				
all the practitioners of record;						
the practitioners (with registration number	rs) of record listed on the attack	ned paper(s); or				
the practitioners of record associated wit	h Customer Number:		Ì			
NOTE: The immediately preceding box should o Customer Number.	nly be marked when the practit	ioners were appointed using the listed				
The reason(s) for this request are those descri	bed in 37 CFR :	·				
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10.40(c)(4) 10.40(c)(4)	(5) 10.40(c)	(6) Please explain below:	i.			
	<u> </u>	<u>.</u>				
First named inventor and/or her coinventor as to their above patent, thus indicating the	r recently paid the Patent O	ffice directly the first maintenance fe	e due			
as to free above patent, thus indicating th	at they no longer leer the no	is a for the services of the attention				
Chack each how helow that is factually c	Certifications	s left unchecked, the request will likel	v not			
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.						
		piration of the response period, that	the			
practitioner(s) intend to withdraw from employment.						
		ntative of the client all papers and pr	operty			
(including funds) to which the client is entitle	<del>3</del> 0.					
3. / I/We have notified the client of any responses that may be due and the time frame within which the						
client must respond.  Please provide an explanation, if necessary:						
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[Page 1 of 2]

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Change the	correspondence ac	ddress and direct all future cor	rrespo	ondence to	<b>)</b> :		
A. The	address of the inve	entor or assignee associated w	with C	Customer N	Number:		
OR							
	entor or signee name Mr.	& Mrs. Don Timms					
Address	24 South Street					:	
City Mobil	e	State AL	L Zip 36606 Country U.S.			U.S	
Telephone	Telephone 251-476-4599 Email						
I am autho	orized to sign on b	ehalf of myself and all with	ndraw	ving pract	itioners.		
Signature	Johns	1 Clust					
Name	Name Richard C. Litman Registration No. 30,868						
Address	Litman Law Office	es, 3717 Columbia Pike					8
City Arlin	City Arlington State VA Zip 22204 . Country U.S.						
Date							
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- 1	
Application Number	10/849,888
Filing Date	May 21, 2004
First Named Inventor	Tamara Timms
Art Unit	
Examiner Name	
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To: Commissioner for Patents P.O. Box 1450	Patent No. Issue Date	6,932,374 August 23, 2005				
Alexandria, VA 22313-1450		,				
Please withdraw me as attorney or agent for the ab	ove identified patent application	, and				
all the practitioners of record;						
the practitioners (with registration numbers	) of record listed on the attache	d paper(s); or				
the practitioners of record associated with	Customer Number:					
<b>NOTE:</b> The immediately preceding box should onl Customer Number.	y be marked when the practition	ers were appointed using the listed				
The reason(s) for this request are those describe	ed in 37 CFR:					
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First named inventor and/or her coinventor as to their above patent, thus indicating that						
Certifications						
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.						
I/We have given reasonable notice to practitioner(s) intend to withdraw from employers.		ration of the response period, that the				
2. I/We have delivered to the client or (including funds) to which the client is entitled		ative of the client all papers and property				
		and the time frame within which the				
Please provide an explanation, if necessary:						

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I =   ./	ntor or Mr.	& Mrs. Don Timms				
Address 2	24 South Street				·	
City Mobile		State AL	Zip 3660	6	Cou	ntry U.S.
Telephone	251-476-4599		Email			
I am author	ized to sign on b	ehalf of myself and all with	ndrawing prac	titioners.		
Signature	Whend	Clust				
Name	Richard C. Litm	an		Registration	n No. 30,868	}
Address L	itman Law Office	es, 3717 Columbia Pike				:
City Arling	ton	State VA	Zip 222	04 .	Country U	
Date	May 8, 2009		Telephor	ne No. 703~	486-1000	( <b>1</b> 1 ⊗
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